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FEB 16 2005**PATENT**

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FACSIMILE TRANSMITTAL LETTER

| Attorney Docket No. | Serial No. |
|---------------------|------------|
| 55752US018 | 10/810,069 |

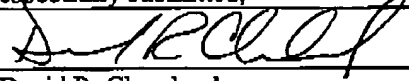
MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TOTAL NO. OF PAGES: 17
Sent to Facsimile No.: 703-872-9306
Examiner Phone No.: (571)272-4881

| | | | |
|--|-------------------------------|-----------|------------------|
| In re Application of: | William Blake Kolb | | |
| Serial No.: | 10/810,069 | Examiner: | Kenneth Rinehart |
| Confirmation No.: | 3513 | Art Unit: | 3749 |
| Filed: | March 26, 2004 | | |
| For: | COATING PROCESS AND APPARATUS | | |
| We are transmitting the following documents: | | | |
| Facsimile Transmittal Letter [1 page] | | | |
| Fee Transmittal for FY 2005 [1 page] | | | |
| Amendment [15 pages] | | | |

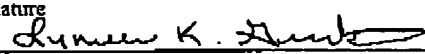
Please charge Deposit Account 13-3723 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

| | | |
|----------------------------|-----------------------------|--|
| Registration No. 29,524 | Direct Dial 612-331-7412 |  |
| Date: February 16, 2005 | | David R. Cleveland |

Certificate of Facsimile Transmission

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| To Facsimile Number 703-872-9306 | Signature  |
| Date February 16, 2005 | Printed Name Lynelle K. Grube |

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PTO/SB/17 (12-04)

Approved for use through 07/31/2005. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/03/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4281).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**400****Complete if Known**

| | |
|----------------------|--------------------|
| Application Number | 10/810,069 |
| Filing Date | March 26, 2004 |
| First Named Inventor | William Blake Kolb |
| Examiner Name | Kenneth Rinehart |
| Art Unit | 3749 |
| Attorney Docket No. | 55752US018 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: **13-3723** Deposit Account Name: **3M Innovative Properties Co.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|----------------|----------|---------------|---------------------------|----------|---------------|
| 61 | - 20 or HP = 8 | x 50 = | 400 | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 4 | - 3 or HP = 0 | x | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

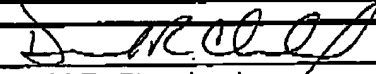
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
| | - 100 = | / 50 = | (round up to a whole number) x | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

| | | | |
|---------------------|---|--------------------------------|--------------------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature |  | (Attorney/Agent) 29,524 | 612-331-7412 |
| Name (Print/Type) | David R. Cleveland | Date | February 16, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

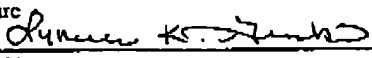
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Attorney Docket No. 55752US018

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| Facsimile Number 703-872-9306 | Signature  |
| Date of Transmission February 16, 2005 | Printed Name Lynelle K. Grube |

AMENDMENT

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Introductory Comments

This is in reply to the Office Action mailed January 26, 2005. Please amend the application as follows: